UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

William A. Newsom,
Plaintiff,

v.

Commissioner Stanley W. Taylor, Bureau Chief Paul Howard, Deputy Warden Dave Pierce, Captain Sagers, Security Superintendent Cunningham, First Correctional Medical, LLC, Dr. Sitta B. Alie.
Defendants.

Civ. A. No. 05-673-GMS

BD Scanned

MOTION FOR POSTPONEMENT OF PROCEEDINGS

Now comes the Plaintiff, William A. Newsom, pro se, respectfuly requesting that this honorable court grant a permanent postponement of the proceedings in this civil action due to extraordinary circumstances beyond plaintiff's controll. Listed below is the basis for this request:

1. Plaintiff has been diaqnosed with degenerative disc disease and stenosis of the spinal canal.

2. Plaintiff will be leaving the Correctional Institute he is housed in at the end of August for spinal surgery. The plaintiff wil be having 3 disc removed from his back. It is not determined at this time how long it will take for the plaintiff to recover from such surgery. (please see attached medical records)

Wherefore, In light of the above information, the plaintiff request that this honorable court grant him a permanent postponement of these civil proceedings until it is deemed that the plaintiff has recovered from his surgery and has been discharged from the prison hospital, and will be able to proceed with his civil complaint at that time.

respectfuly submitted,

William A. Newsom

August 10, 2006

William A. Newsom
SBI# 257317
Delaware Corr. Cntr.
1181 Paddock Road
Smyrna, Delaware 19977

CERTIFICATE OF SERVICE

I William A. Newsom, hereby certify that a true and correct copy of this motion for postponement of proceedings has been served upon the following parties:

CLERK OF COURT
UNITED STATES DISTRICT COURTHOUSE
844 N. KING STREET
LOCKBOX 18
WILMINGTON, DELAWARE 19801

&

DANIEL L. McKENTY, esq.
DANA SPRING MONZO, esq.
1225 N. KING STREET, SUITE 1100
P.O. BOX 397
WILMINGTON, DELAWARE 19899
(ATTORNEYS FOR FIRST CORRECTIONAL MEDICAL)

&

EILEEN KELLY, DEPUTY ATTORNEY GENERAL
CARVEL STATE OFFICE BUILDING
820 n. French Street, 6th FLOOR
WILMINGTON, DELAWARE 19801
(ATTORNEY FOR STATE DEFENDANTS)

August 10, 2006

William A. Newsom

William A. Newsom
SBI# 257317
Delaware Corr. Cntr.
1181 Paddock Road
Smyrna, Delaware 19977

B.S.VENKATARAMANA, M.D.
SPINAL & NEURO SURGEON

1632 Savannah Rd Suite #2
Lewes, DE 19958
Telephone (302) 644-1266

807 South Bradford Street #10
Dover, DE 19904
Telephone (302) 730-8223

FAX 302 644 1655

June 12, 2006

Burns, M.D.
Chief Medical Officer
Correctional Centre
Smyrna, DE
Fax#:
Tel#: 302-653-9261 (ext) 2360

Re: Newsom, William

Dear Dr. Burns:

Thank you very much for asking me to see Mr. William Newsom inmate ID# 257317. I examined this 33-year-old gentleman on June 12, 2006 in my Dover office. His main symptoms are pains mainly in the back and the left lower extremities. The left lower extremity pains are more severe than the back. The symptoms are very suggestive of a lumbar radiculopathy. I have the report of the MRI examination of the lumbar spine done at MDI during October 2005. It shows multilevel degenerative disc disease and at L4-5 level as stenosis and impingement on the left L5 nerve root is described. Probably that is the cause of the patient's pain problem. I will have to look at the pictures myself, which I will do during this week and if the lesion is correctable surgically I will recommend surgical treatment and I will write another letter to you at that time. I told the patient the same thing to, I told him that; I may recommend surgery depending upon what I see and he is very willing to undergo surgery at this stage, so probably by next week I should have my report sent to you after I review the pictures myself.

Thank you.

Sincerely,

B. S. Venkataramana

B. S. Venkataramana, M.D.
BSV/HK/UP

Dictated but not verified, subject to dictation/transcription variance.

7/6/06 - Report given to Kimberly Thomas POA
Kimberly Thomas

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Burns, M.D.
Delaware Correctional Center
1181 Paddock Road
Smyrna, DE 19977
Fax #: 302-653-5051

June 22, 2006

Re: Newsom, William
DOB: 10/25/05

Dear Dr. Burns:

This is a followup letter on my previous letter regarding the above-mentioned patient. By this time, I have had an opportunity to review the MRI of the lumbar spine that was done at MDI in May 2005. It shows that at L4-5, he has a herniated disc localizing mark towards the left side and also at L3-4, there is a herniated disc again localizing mark to the left side. There is an overall spinal stenosis at both levels associated with degenerative changes.

The specific treatment for this condition, considering that the symptoms are going on for a long time, is surgery. The surgery would be in the form of laminectomy at L3-4 and L4-5, discectomy, and foraminotomy. The aim of such surgery is to reduce the pain. It is highly unlikely that this patient will be totally free of pain forever. The code for such operation is 63030 for each level. I did tell Mr. Newsom that the major surgical procedure does carry a small amount of risk to life and again I did emphasize no zero pain to be expected. It is also possible that he may need more than one surgery. The future surgeries may be in the form of a fusion. When that will become necessary, we do not know. It all depends upon how much of symptoms the patient has and also the degree of misery that he states he experiences. All these things have been explained to him. The patient was ready to undergo surgery; however, I would like him, like your institution to give a copy of this letter to Mr. Newsom so that he can read it and then if he still wants to undergo surgery please let me know then I can go ahead and schedule him for surgical procedure. The hospitalization for such surgery may be anywhere from 1-3 days depending upon the postop pain problems and any complications.

Sincerely,

B. S. Venkataramana, M.D.
BSV/PM/HH

Dictated but not verified, subject to dictation/transcription variance.

7/6/06 - Report given to Kimberly Thomas POA
Kimberly Thomas

Mid-Delaware Imaging

PATIENT: WILLIAM NEWSOME
DOB: 08/10/1972
FILE #: 1939
PHYSICIAN: SITTA ALIE, MD
EXAM: MRI EXAMINATION OF THE LUMBAR SPINE
DATE: 10/25/2005

HISTORY:
Low back pain radiating into left leg of one years duration.

TECHNIQUE:
MR imaging of the lumbar spine was performed on a 0.3 Tesla system. Imaging was performed in the sagittal plane with T1-weighting, in the sagittal plane with a proton-density and T2-weighted sequence, and in the axial plane with a fast spin-echo proton-density and T2-weighted sequence.

FINDINGS:
There is mild anterior wedge deformity of the T12 vertebral body, but without any evidence of bony edema or discrete fracture line indicating that this probably represents the sequelae of remote trauma. Otherwise, the vertebral bodies of the lumbar spine appear intact and anatomically aligned. No focal abnormalities are seen within the marrow of any of the lumbar vertebrae.

The conus appears normal and terminates in the region of the thoracolumbar junction.

There is loss of disc height and loss of the normal bright T2 signal of all of the intervertebral discs of the lumbar spine except at L5-S1, representing multilevel discogenic disease.

At L1-2, there is diffuse posterior disc bulge accentuated to the right, causing mild central narrowing. There is a right paracentral posterior high-intensity zone representing a small circumferential annular fissure. These findings are best seen on image 2 of the T2 axial sequence. Mild right-sided central stenosis is present caused by the disc bulge. No foraminal stenosis is identified.

At L2-3, there is diffuse posterior disc bulge with a rather extensive circumferential annular fissure. Mild central stenosis is present caused by the disc bulge and bilateral ligamentum flavum and facet joint hypertrophy. These findings are best seen on images 5 and 6 of the T2 axial sequence. No foraminal stenosis is identified.

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At L3-4, there is pronounced, diffuse posterior disc bulge that is accentuated to the left and that contains a large circumferential annular fissure. This is best seen on image 8 of the T2 axial sequence. There is a small, superimposed posterior protrusion in the midline extending inferiorly to the bulge. This is best seen on image 9 of the T2 axial sequence. In conjunction with mild bilateral ligamentum flavum hypertrophy, the bulge is causing mild-moderate central stenosis, predominantly on the left side. The bulge and protrusion are also indenting the anterior margin of the thecal sac, approaching and probably impinging on the left L4 nerve root as it exits the thecal sac. These findings are best seen on image 8 of the T2 axial sequence. Mild left-sided foraminal stenosis is present caused by the disc bulge and endplate remodeling as best seen on image 4 of the T1 sagittal sequence.

At L4-5, there is diffuse posterior disc bulge with a superimposed small, posterior central and left paracentral disc protrusion that is indenting the anterior margin of the thecal sac. The bulge and protrusion are best seen on images 11 and 12 of the T2-weighted axial sequence. Mild-moderate central stenosis is present caused by the disc bulge and the protrusion, as best seen on image 11 of the T12 axial sequence. The disc protrusion is approaching and probably impinging on the left L5 nerve root as it exits the thecal sac as seen on image 12 of the T2 axial sequence. Mild-moderate stenosis of the left neuroforamen is present caused by disc bulge and endplate remodeling. This is best seen on image 4 of the T1 sagittal sequence.

At L5-S1, the disc demonstrates normal posterior contour and signal intensity. No nerve root impingement, central or foraminal stenosis is identified.

IMPRESSION:

1. DISC DEGENERATION AND DISC BULGES AT L1-2 AND L2-3 RESULTING IN MILD CENTRAL STENOSIS AS DESCRIBED ABOVE.
2. DISC BULGE AND SUPERIMPOSED DISC PROTRUSION AT L3-4 CAUSING CENTRAL STENOSIS AND PROBABLE IMPINGEMENT ON THE LEFT L4 NERVE ROOT AS DESCRIBED ABOVE.
3. DISC BULGE AND SUPERIMPOSED DISC PROTRUSION AT L4-5 RESULTING IN CENTRAL STENOSIS AND PROBABLE IMPINGEMENT ON THE LEFT L5 NERVE ROOT AS WELL AS LEFT-SIDED NEUROFORAMINAL STENOSIS, AS DETAILED ABOVE.

THIS REPORT WAS ELECTRONICALLY SIGNED

Bruce Kneeland, MD
BK/Q3

Mid-Delaware Imaging

PATIENT: WILLIAM NEWSOME
DOB: 08/10/1972
FILE #: 1939
PHYSICIAN: SITTA ALIE, MD
EXAM: MRI EXAMINATION OF THE LEFT HIP
DATE: 10/25/2005

CLINICAL INDICATION

Pain in low back radiating into the left leg of 1 year duration. The patient also reports weakness and fall sustained 6 months ago.

TECHNIQUE

MR imaging of both hips was performed on a 0.3 Tesla system. Coronal T1 and STIR images were followed by axial dual-echo T2 and sagittal T2-weighted images.

FINDINGS

The bones of the hips appear normal. In particular, there is no evidence of a fracture or osteonecrosis.

The articular surfaces appear normal. In particular, there is no evidence of cartilage loss of the hip joint.

There is apparent deformity of the anterosuperior segment of the acetabular labrum of the left hip compared to that of the right as noted on image number 7 of the T1 coronal sequence. Although, this raises the possibility of a labral tear, at this resolution and in the absence of the intraarticular contrast, it is difficult to evaluate the labrum with confidence.

No abnormalities are seen in the soft tissues surrounding the either hip. In particular, there is no evidence of tendon tear or avulsion.

No gross abnormalities are seen in the underlying pelvic soft tissues; although, assessment of the structures on a dedicated hip MR study is limited.

IMPRESSION

1. POSSIBLE SMALL TEAR INVOLVING THE ANTEROSUPERIOR SEGMENT OF THE GLENOID LABRUM, OF THE LEFT HIP BUT SEE ABOVE DISCUSSION.
2. OTHERWISE, UNREMARKABLE MRI EXAMINATION OF THE HIPS.

THIS REPORT WAS ELECTRONICALLY SIGNED

710 South Queen Street
Dover, Delaware 19904
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I/M WILLIAM A. NEWSOM
SBI# 257317 UNIT V-BLDG./B-8
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

WILMINGTON DE 197
10 AUG 2006 PM 3 L

U.S.M.S.
X-RAY

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